

Department of Health

health

Non-Admitted Patient  
Minimum Data Set  
implementation framework for  
specialist outpatient clinics

# Non-Admitted Patient Minimum Data Set implementation framework for specialist outpatient clinics

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# Contents

1. Introduction	1
2. Purpose of the document	2
3. Phases of NAP MDS implementation	3
4. What is the importance of this initiative to my health service?	4
5. VINAH (Victorian Integrated Non Admitted Health) Data Collection	5
6. Business model impact	6
7. VINAH related business processes	7
8. Data submission process	8
9. Referral in	9
10. Episodes	11
11. Patient demographics	13
12. Referrals out	14
13. Contacts	15

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# 1. Introduction

As part of the national health reform agenda, the Victorian Government Department of Health (the department) has recently introduced the Non-Admitted Patient Minimum Data Set (NAP MDS) as an initiative that will support the future development of activity-based funding for non-admitted services within Victorian health services.

Patient-level reporting for non-admitted services aims to provide an evidence base for health services to support health planning, clinic-based performance and quality improvement, and contribute to government policy development and funding.

In this initiative the collection of non-admitted data relates to existing non-admitted programs and specialist outpatient clinics within Victorian health services.

## 2. Purpose of the document

The *NAP MDS implementation framework for specialist outpatient clinics* has been developed to assist health services to understand and implement the changes required for their systems, processes and operations to collect the Non-Admitted Patient Minimum Data Set (NAP MDS).

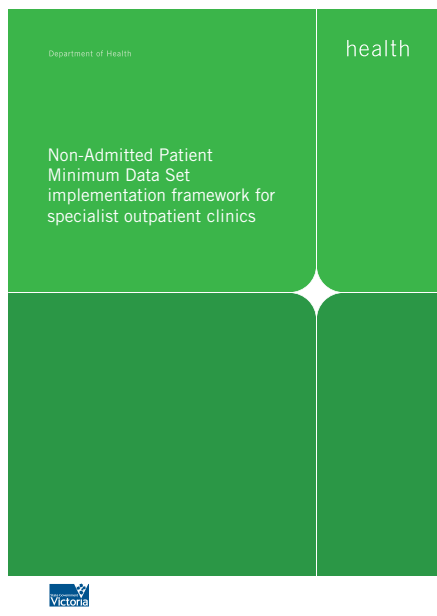
The document provides a set of rules and working definitions of data, which define the requirements for implementation of the data set.

In addition to this document, the *NAP MDS implementation guide for specialist outpatient clinics* provides guidance to prepare for operational changes to collect and report the NAP MDS. The guide is not intended to be prescriptive about how a health service should manage its operations, nor does it seek to mandate how to implement any necessary changes. However, it does provide an overview of what changes are required and what form those changes might take in readiness for implementation.

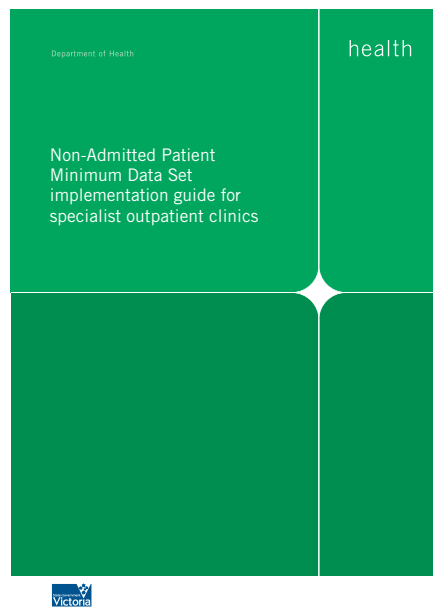
This guide has been prepared specifically to explain how the VINAH data elements should be interpreted and collected by specialist outpatient clinics. In most instances, the requirements for specialist clinics are the same as for other non-admitted programs using VINAH. However, where differences occur between the manual and this guide, further clarification can be obtained from the Department of Health.

Other key documents that describe the data set include

- *VINAH framework*: [www.health.vic.gov.au/hdss/vinah/2011-12/Manual/index.htm](http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/index.htm)



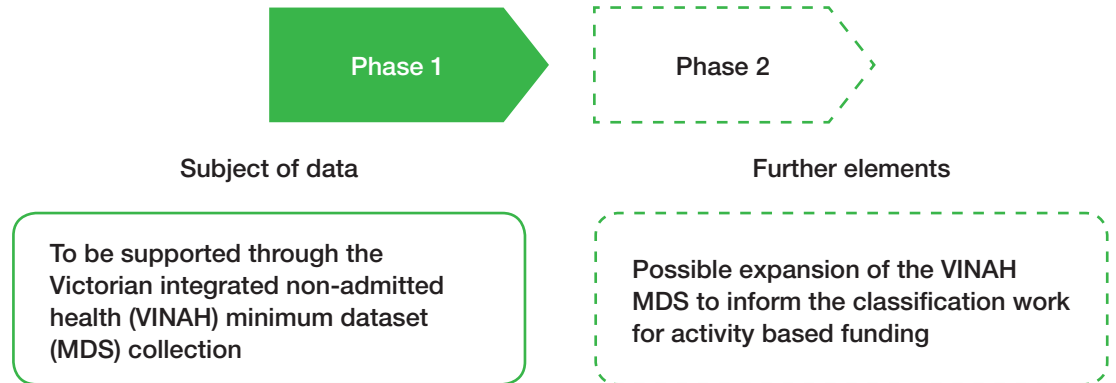
NAP MDS implementation framework for specialist outpatient clinics



NAP MDS implementation guide for specialist outpatient clinics

# 3. Phases of NAP MDS implementation

Collection of the NAP MDS will be phased, commencing at 1 July 2011, according the following:



Phased implementation principles:

- Phase 1 establishes the foundation to build further collection and reporting requirements.
- Phase 1 is an opportunity to establish sound processes for additional data collection.
- Phase 1 focuses on implementation and integration in readiness for further phases.

## 4. Why the initiative is important to your health service

Collection of the NAP MDS will:

- develop an evidence base to support health service planning for non-admitted services
- provide information that can establish key performance indicators
- support performance measurement and quality improvement (for example demand management, innovative models of care et cetera) at the health service level
- facilitate the mainstreaming of specialist clinic services within health services
- replace over time the Agency Information Management System (AIMS) data submission process for non-admitted services reporting
- reduce the number of data collections for non-admitted services through integration with the VINAH MDS
- increase transparency and accountability of decision making as the availability of patient-level data facilitates analysis and auditing
- put greater focus on the patient and referrer decision-making process
- provide a clearer understanding of the relationship between activity and funding, and highlight where efficiencies within the health service can be gained
- provide clarity on defined data elements to establish uniform reporting.

# 5. VINAH (Victorian Integrated Non Admitted Health) Data Collection

## The collection

The Victorian Integrated Non-Admitted Health (VINAH) data collection comprises data for Sub Acute Ambulatory Care Services, Hospital Admission Risk Program, Post-acute Care, Family Choice Program, Victorian HIV Service, Victorian Respiratory Support Service, Community Palliative Care, Transition Care Program, Residential In-reach and from 1 July 2011 specialist outpatients clinics.

VINAH data collection integrates patient-level data across many government-funded programs which in turn benefits health services, as they are now supported to collect one set of data elements rather than managing multiple collections across many program streams. VINAH was specifically designed to extend its collection scope to include multiple program streams within a single data collection infrastructure, resulting in a comparable set of data measures across the health sector.

A significant aim of VINAH is the alignment of data items and definitions with those used in other departmental collections, such as the Victorian Admitted Episodes Data Set (VAED). The data elements collected in VINAH are standardised to those within the National Health Data Dictionary (NHDD).

## Data for a purpose: using VINAH data

Other acute patient-level data collections – VAED, Elective Surgery Information System (ESIS) and Victorian Emergency Minimum Data Set (VEMD) – have long provided data about the acute health sector. VINAH will add to these collections to provide a complete view of the health system, addressing an information gap in non-admitted services. There will be many users of the VINAH data: the Department of Health, health services and researchers both in Victoria and nationally. Stakeholders will use the service data and patient demographics from VINAH for a variety of purposes including informing policies, service implementation, quality, accountability, performance improvement, benchmarking, funding and planning.

VINAH data provides:

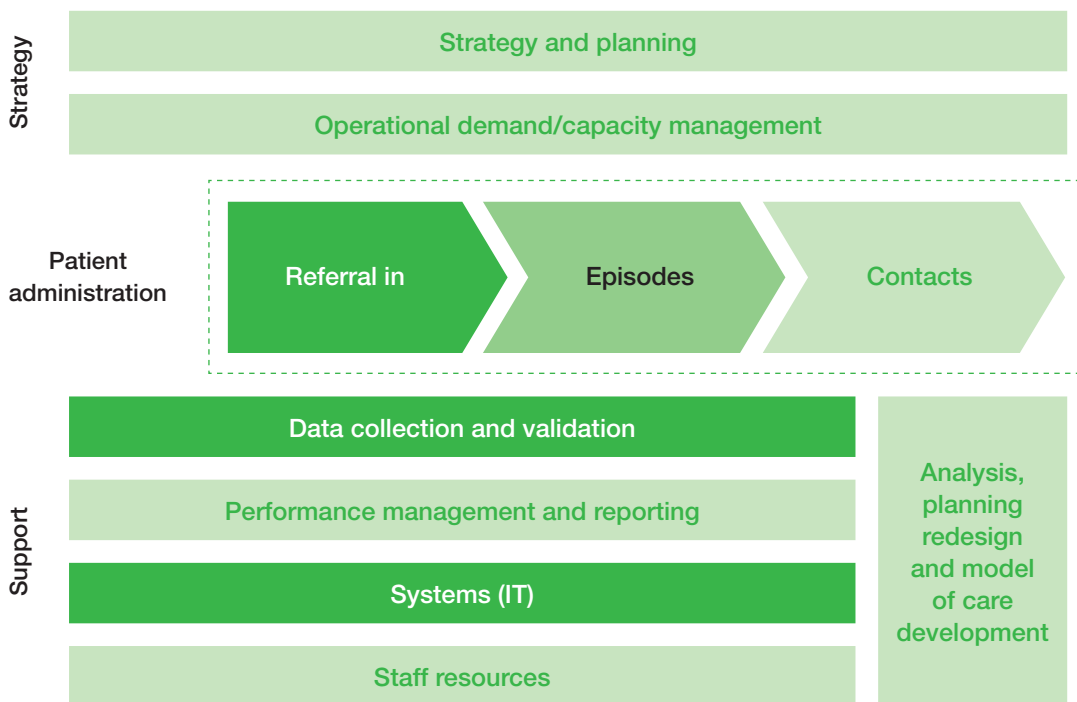
- activity information (number of clients, active clients, new episodes, closed episodes, active episodes delivery setting, delivery mode)
- performance indicator information (response times, waiting times, percentage of care plan developed)
- demographic information (age, location, country of birth, living arrangements)
- client pathway information (length of stay, relationships with other programs, contacts or appointments per episode, multidisciplinary intervention, referral sources and referral destinations).

## Features and benefits

The VINAH data collection is focused on the patient/client. For specialist outpatient clinics VINAH will only collect data about contacts that directly involve the patient/client. VINAH was designed to capture the patient/client's experience and is therefore not to be used by clinicians to account for their time. The VINAH data collection is not concerned with administrative processes or tasks and only clinical contacts are to be reported.

## 6. Business model impact

The following diagram demonstrates how the changes arising from the NAP MDS initiative may affect the systems, processes and operations of a health service.



### Impact codes

**Significant**   Moderate   Minimal

### Changes in operational practices

To meet operational requirements for NAP MDS implementation, health services will need to be ready to:

- collect additional data through current administrative processes and work practices
- put into place the new requirements through existing or enhanced information systems and data reporting processes
- submit validated data ready for reporting in a format defined by the Department of Health.

The business rules and working definitions of data describe the requirements for implementation but they do not prescribe how health services should introduce or modify operational collection or transmission processes. Each health service will need to determine and apply the most appropriate method of project and change management to implement the changes.

## 7. VINAH related business processes

Patient/client data is captured at three key business processes: referral in, episodes and contacts as shown below.



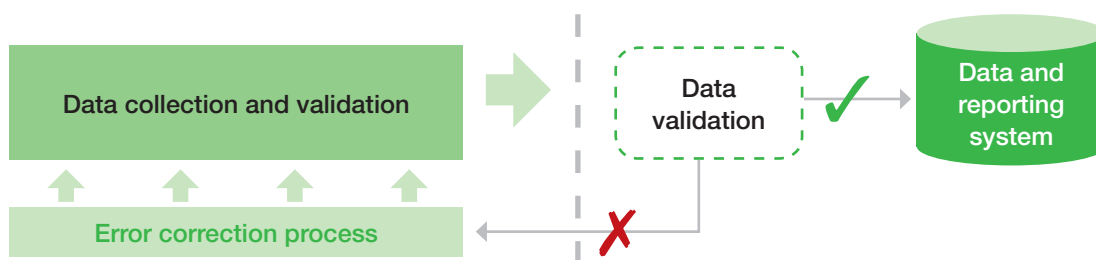
All data collection from within VINAH stems from a *referral in*.

- A referral in, once accepted, will lead to the creation of an *episode* that relates to a specific program/stream. One referral in may lead to the creation of multiple episodes for different program/streams. For instance there may be endocrinology and cardiology episodes running at the same time for the same patient/client.
- Once an episode has commenced, *contacts* and *referrals out* can be collected or made. Once an episode has been ended, no further data can be collected against it, although it can be updated to correct errors.

## 8. Data submission process

Within the data collection and validation business process, health services will need to include tasks and effort required for error correction.

The diagram below illustrates that health services will submit data to the Department of Health, where it will be validated. Any data that contains errors will be returned to the health service for correction and resubmission.



The following generic process flow represents referral in, episodes and contact.



# 9. Referral in

## Purpose

The purpose of the referral-in process is to receive and process patient referrals.

## Description

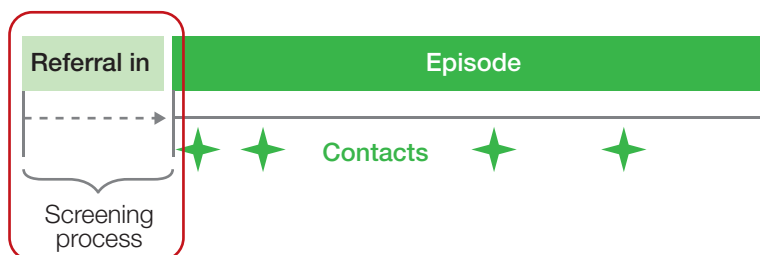
Referral in often occurs within patient administration areas and generally includes the following key steps:

- receipt of referral
- referral acknowledgement
- decision to accept or reject referral.

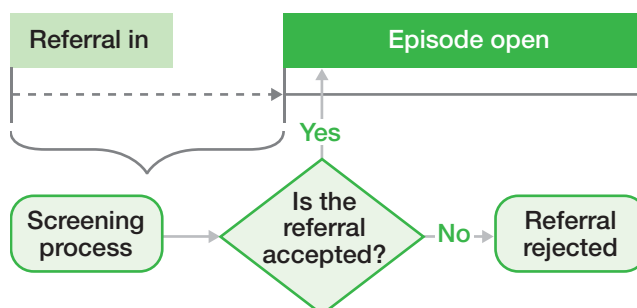
## Business rules

- A referral in is a trigger point for the possible creation of an episode of care.
- Each episode must be linked to a referral.
- One referral in may generate more than one episode; that is, one referral in may result in more than one program/stream providing services to the patient/client.
- All referrals in, whether rejected or accepted, must be reported through VINAH as they are a measure of service demand and form an important part of service planning.
- Data elements that capture the dates when each of the first three of these steps occur are respectively:
  - date referral received
  - date of referral receipt acknowledgement
  - episode start date.

(These may be the same or different dates, depending on the workflow in an organisation.)



## Referral-in decision tree



Local screening practices will collect:

- referral in received date
- referral in service type
- referral in program stream
- referral in receipt acknowledgement date
- referral in outcome

All of these data items must be collected for **every** referral.

### 9.1 Referral-in received date

Description	The date that a referral in, either written or verbal, is received. Reported for all referrals received during the current reporting period.
Purpose	Can be used with the referral receipt acknowledgment date to determine the response times of referrals in to patients/clients referrers.
Reporting obligation	Mandatory.

### 9.2 Referral-in service type

Description	The person who, or service which, referred the patient/client.
Purpose	To assist in the analysis of patient/client flow and service planning.
Reporting obligation	Mandatory.

### 9.3 Referral-in program stream

Description	The program/stream to which the patient/client is referred.
Purpose	To allow national reporting requirements to be met and assist with service planning and monitoring.
Reporting obligation	Mandatory.

### 9.4 Referral-in receipt acknowledgement date

Description	The date of initial contact with the referrer (or patient in the case of self referrals) to acknowledge receipt of referral.
Purpose	This item is used together with Referral In Received Date to measure the response time (days) between a Referral In being received and the response to the referrer.
Reporting obligation	Mandatory.

### 9.5 Referral-in outcome

Description	The outcome of a referral in.
Purpose	To support analysis of service provision by referral service type..
Reporting obligation	Mandatory.

# 10. Episodes

## Purpose

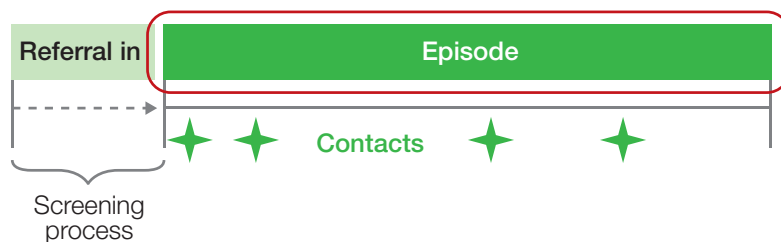
An episode is the period during which a patient/client receives services within a defined program and stream.

## Description

An episode is opened when an organisation first accepts responsibility for a patient/client. This occurs in response to a referral in, when it is determined that the referral in was appropriate. An episode will generally contain one or more contacts. However, there may be some situations where episodes will be opened and then closed without containing any contacts. For example, the patient/client may no longer require services.

## Business rules

- The creation of an episode will require the entry of patient demographics.
- Patient demographics are collected at episode start and first contact.
- During an episode a patient/client may have zero or many contacts or referrals out.
- Contacts and appointments or referrals out can only occur within an episode.
- An episode is closed when the criteria for keeping the patient/client in the program are no longer met (this may differ between programs according to program specific guidelines).



### 10.1 Episode start date

Description	When a program/stream first accepts a patient/client. This occurs in response to a referral, when a referral in is accepted.
Purpose	To allow calculation of the period for which a person is a patient/client of a program/stream.
Reporting obligation	Mandatory.

### 10.2 Episode program/stream

Description	The program/stream to which the patient's/client's episode relates.
Purpose	To allow national reporting requirements to be met and assist with service planning and monitoring.
Reporting obligation	Mandatory.

### 10.3 Episode first appointment booked date

Description	The date of the patient's/client's first appointment booking.
Purpose	To assist in measuring access to specialist outpatient clinic services.
Notes	This is not the date on which that booking was entered into the booking system. Subsequent changes to the date of the first appointment booked date must not be submitted unless the date entered for the first appointment was a data entry error.
Reporting obligation	Mandatory.

### 10.4 Episode patient/client notified of appointment

Description	The date the patient/client was first advised of their first appointment booking.
Purpose	To assist in measuring access to specialist outpatient clinic services.
Notes	This notification may be in the form of a face-to-face or telephone conversation or by letter. If notification is by letter then the date on the letter would be the value used.
Reporting obligation	Optional for the 2011–12 financial year. This optional status will be reviewed in the 2012–13 financial year.

### 10.5 Episode end date

Description	The date when a patient/client no longer meets the criteria for a program/stream, and they cease to be a patient/client of the program/stream.
Purpose	To allow calculation of the period for which a person is a patient/client of a program/stream.
Reporting obligation	Mandatory.

# 11. Patient demographics

Patient demographic data for the NAP MDS conforms to the definitions set within the department's Common Client Data Set (CCDS) Version 2.1. The CCDS is a set of data elements that describe a client, such as the social demographic data elements of date of birth, sex and indigenous status, for the participating data collections. For further information relating to these standards please refer to: [www.health.vic.gov.au/hacims/reforms/ccds.htm](http://www.health.vic.gov.au/hacims/reforms/ccds.htm)

Patient demographic data captured within the NAP MDS includes:

- patient/client birth country
- patient/client birth date
- patient/client birth date accuracy
- patient/client Department of Veterans Affairs (DVA) file number
- patient/client identifier
- patient/client sex
- patient/client usual residence locality name
- patient/client usual residence post code.

## **Patient/client individual healthcare identifier**

The individual healthcare identifier (IHI) refers to the national identifier allocated to all Australian Medicare and DVA card holders on 1 July 2010. Access to and use of this identifier is controlled under the *Healthcare Identifiers Act 2010*. The statewide introduction of IHIs will be a staged and planned process in Victoria. The requirement of the Non-Admitted Minimum Data Set at this stage is that the data element will only need to be reported when it is accessible from within hospital's patient administration system. There is no expectation of any requirement to interact directly with the national Healthcare Identifier Service.

# 12. Referrals out

## Purpose

Referral-out information is captured in order to assist in the analysis of patient/client flow and service planning.

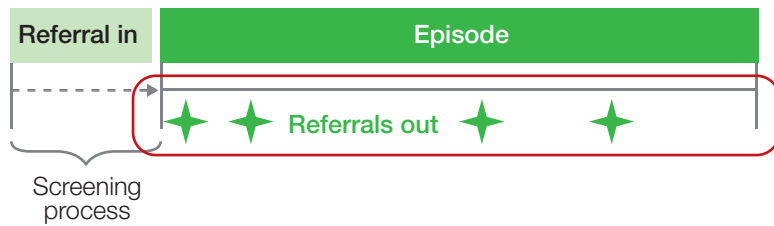
## Description

A patient/client is referred to another health service provider.

## Business rules

- During an episode a patient/client may have zero or many referrals out.
- Referrals out can only occur within an episode.
- Referrals out are in scope for the collection but are not mandatory for specialist outpatient clinics.

VINAH data elements relating to the referral out process are currently not usually captured within the specialist outpatient clinic environment. If this data is to be collected in the future, the department would need to produce specific requirements to alter current business practice.



### 12.1 Referral-out date

Description	The date that a referral out was made.
Purpose	To assist in service planning.
Reporting obligation	Mandatory if a referral out is recorded.

### 12.2 Referral-out service type

Description	The person to whom or service to which the patient/client is referred.
Purpose	To assist in the analysis of patient/client flow and service planning.
Reporting obligation	Mandatory if a referral out is recorded.

# 13. Contacts

## Purpose

Any direct contact that occurs between a patient/client and a professional associated with a program reporting via the VINAH MDS, and results in a dated entry of the contact being made in the patient/client record.

## Description

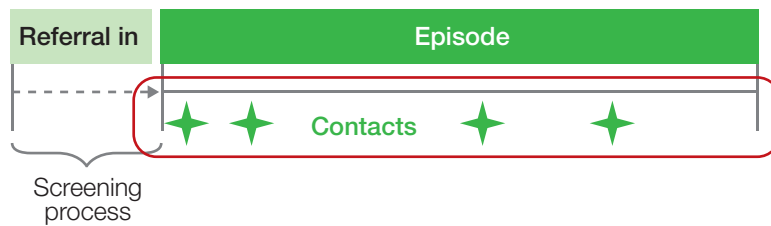
The activities of health care professionals providing services to a patient. There are different types of contacts (also referred to as appointments), and each program reporting via the VINAH MDS defines which types of contacts are to be reported for that program. A direct contact is defined as a contact that includes the patient/client.

For the purpose of the NAP MDS data set only direct contacts are in scope.

## Business rules

During an episode a patient/client may have zero or many contacts.

- Contacts can only occur within an episode.
- A contact must meet all of the following criteria:
  - clinically significant in nature
  - provided (or brokered) by an agency funded by a program area that requires reporting via the VINAH MDS
  - for a patient/client who has provided consent (either implied or explicit)
  - requires a dated entry in the clinical record of the patient/client (or a reference to a clinical record held by the brokered service).



### 13.1 Contact account class

Description	The agency or individual chargeable for the contact and associated sub categories.
Purpose	To assist in analyses of service utilisation, in order to facilitate reimbursement by third party paying organisations for patients/clients with entitlements.
Reporting obligation	Mandatory.

### 13.2 Contact client present status

Description	An indicator of the presence or absence of a patient/client at a contact.
Purpose	To monitor and plan resource utilisation.
Notes	For specialist outpatient clinics all contacts must involve the patient/client.
Reporting obligation	Mandatory.

### 13.3 Contact clinic identifier

Description	A health service-assigned identifier for the specialist outpatient clinic that is providing services for a particular contact.
Purpose	To assist in developing clinical costing models for specialist outpatient clinic services.
Reporting obligation	Mandatory.

### 13.4 Contact date/time

Description	The date and start time of the contact.
Purpose	To enable derived reporting elements and to monitor reporting accountability.
Reporting obligation	Mandatory.

### 13.5 Contact delivery mode

Description	The mode of provision of the service during the contact.
Purpose	To monitor and plan resource utilisation.
Reporting obligation	Mandatory.

### 13.6 Contact delivery setting

Description	The type of setting in which the contact is experienced by the patient/client.
Purpose	To assist with service planning and monitoring.
Reporting obligation	Mandatory.

### 13.7 Contact family name

Description	The family name(s) of the patient/client.
Purpose	To facilitate reimbursement by DVA for patients/clients with entitlements. This data is processed differently from other VINAH data to ensure that personal information remains confidential.
Reporting obligation	Report when and only when the contact account class = 'VX', 'TA' or 'WC'.

### 13.8 Contact given names(s)

Description	The given name(s) of the patient/client.
Purpose	To facilitate reimbursement by DVA for patients/clients with entitlements. This data is processed differently from other VINAH data to ensure that personal information remains confidential.
Reporting obligation	Report when and only when the contact account class = 'VX', 'TA' or 'WC'.

### 13.9 Contact group session identifier

Description	An identifier, unique to a group session within an organisation.
Purpose	To enable identification of unique group sessions for reporting accountability.
Reporting obligation	Must be specified if contact session type = '2'.

### 13.10 Contact Indigenous status

Notes	The contact Indigenous status data element is defined within the Common Client Data Set (CCDS) Version 2.1. <a href="http://www.health.vic.gov.au/hacims/reforms/ccds.htm">www.health.vic.gov.au/hacims/reforms/ccds.htm</a>
Reporting obligation	Mandatory.

### 13.11 Contact inpatient flag

Description	An indication of whether the patient/client is an inpatient at the time of the contact.
Purpose	To allow national reporting requirements to be met and assist with outcome analysis and service planning.
Notes	For specialist outpatient clinic services it would be assumed that the patient/client has presented to the clinic in order to receive services. If the review takes place where they are receiving admitted services, the care provided is viewed as being part of the admission and is therefore out of scope for this collection.
Reporting obligation	Report when contact client present status = '10', '11' or '12' (patient/client present).

### 13.12 Contact interpreter required

Description	The patient's/client's need for an interpreter, as perceived by the patient/client or the person consenting for the patient/client.
Purpose	This information is essential to assist in planning for provision of interpreter services.
Reporting obligation	Mandatory.

### 13.13 Contact Medicare Benefits Schedule item number

Description	The Medicare Benefits Schedule item numbers charged during this contact, or their uncharged equivalents for non-MBS-funded contacts.
Purpose	To help inform cost-weight setting for activity-based funding.
Reporting obligation	Specified if contact account class = 'QM - Private Clinic: MBS funded ', optional otherwise. Please note that for the 2011–12 financial year this data element will be optional. This optional status will be reviewed in the 2012–13 financial year.

### 13.14 Contact preferred language

Description	The language (including sign language) most preferred by the patient/client for communication during the provision of care. This may be a language other than English even where the person can speak fluent English.
Purpose	Required for service planning.
Reporting obligation	Mandatory.

### 13.15 Contact professional group

Description	The professional group of professional(s) providing services for a contact.
Purpose	To monitor and plan resource utilisation.
Notes	Where multiple clinicians from different disciplines are involved in the same contact, each professional group is recorded as a separate contact.
Reporting obligation	Mandatory.

### 13.16 Contact provider

Description	An identifier, unique within the state, for the organisational unit providing services that are reportable to the VINAH MDS, for a particular contact.
Purpose	To monitor and plan resource utilisation.
Notes	A contact provider maybe a different campus/site within the same health service
Reporting obligation	Mandatory.

### 13.17 Contact purpose

Description	The purpose of the service provided within the contact.
Purpose	To allow national reporting requirements to be met and to monitor and plan resource utilisation.
Reporting obligation	Mandatory.

### 13.18 Contact session type

Description	The type of session in which the contact was provided to the patient/client.
Purpose	To monitor and plan resource utilisation, and for reporting to the Australian Government.
Reporting obligation	Mandatory.

### 13.19 Contact TAC claim number

Description	The Transport Accident Commission (TAC) claim number of the patient/client, relating to this hospital admission.
Purpose	To facilitate payment by TAC for TAC patients/clients.
Reporting obligation	Report when and only when the contact account class = 'TA'.

### 13.20 Contact VWA file number

Description	The WorkSafe Victoria/Victorian WorkCover Authority (VWA) file number applicable to the patient/client. Unique identifier for a claim.
Purpose	To facilitate reimbursement by VWA for patients/clients with entitlements. These data are processed differently from other VINAH data to ensure that personal information remains confidential.
Reporting obligation	Report when and only when the contact account class = 'WC'.

## Acronyms

Term	Definition
ABF	Activity-based funding
ACK	Acknowledgement
AIMS	Agency Information Management Systems
DMAC	Data Management Advisory Committee
DVA	Department of Veteran Affairs
ESIS	Elective Surgery Information System
FIP	Funding and Information Policy
FTAs	Failed To Attend
HDD	Health Data Development
HDSS	Health Data Standards and Systems
HICAR	Health Information Collection and Reporting
ICT	Information and Communication Technology
iPM	iSOFT Patient Management Software
MBS	Medicare Benefits Schedule
MDS	Minimum Data Set
NAP	Non-admitted Patients
NMDS	National Minimum Data Set
NPA	National Partnership Agreements
QM	Private Clinic: MBS funded
Specialist clinics	Synonymous with outpatient clinics
TA	Transport Accident Commission (TAC)
VAED	Victorian Admitted Episodes Data Set
VACS	Victorian Ambulatory Classification System
VEMD	Victorian Emergency Minimum Data Set
VHIRS	Victorian Health Information Reporting System
VINAH	Victorian Integrated Non-Admitted Data Set
WC	WorkSafe Victoria

